T-523

AUG 2 9 2005

Complete my send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUR FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate all further correspondence including the Potent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as adjusted below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

PART B - FEE(S) TRANSMITTAL

CURRENT CORRESPONDENCE ADDRESS (Naze; Use Block 1 for any change of address)

26648

7590

CS/10/2005

PHARMACIA CORPORATION GLOBAL PATENT DEPARTMENT **POST OFFICE BOX 1027** ST. LOUIS, MO 63006

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate earmet be used for any other occompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fec(s) Transmistal is being deposited with the United
States Postal Service with safficient postage for first class mult in an envelope
addressed to the Mail Stop ISSUE FEE address above, or being factomile
transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Deposisor's sure)
(Signature)
(Due)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR .	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/933,366	08/20/2001	Sandra M. Sime	3523/2/US	4928

TITLE OF INVENTION: SOLUTION COMPOSITION OF AN OXAZOLIDINONE ANTIBIOTIC DRUG HAVING ENHANCED DRUG LOADING 🖖

APPLN. TYPE	SMALL ENTITY	LESCUE F	EE	PUBLICATION FEE	TOTAL FEE(5) DUB •	DATE DUE
nonprovisional	NO	\$1400)	\$300	\$1700	11/10/2005
EXAMINER		ART UN	IT	CLASS-SUBCLASS '	ייר יייך יייר	
DELACROIX MUIRHEI, CYBILLE		1614	***	514-235500		
1, Change of correspondence CFR 1.363),	e address or indication of "Fe	o Addross" (37	2. For pris	ting on the potent front page, I	ist Charl	es W' Ashbroe
Change of correspond	dence address (or Change of C	оттекроиdенсо	(I) the ma	mas of up to 3 registered pate OR, alternatively,	nt attorneys	
Witness town \$100001	22) BURCHOOL		(2) the ma	we of a single (min (paving sa		B. King
O "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Ray 03-02 or more recent) attached. Use of a Customer Number is required.			2 registere	attorney of agent) and the nar all patent attorneys or agents. It tame will be printed.	no name is 3	<u> </u>
, ASSIGNEE NAME AND	RESIDENCE DATA TO BE	PRINTED ON T	HE PATEN	(print or type)	2 1 2 2 2 3	,
PLEASE NOTE: Unless recordation as set forth in	un assignee is identified bel 37 CFR 3.11. Completion o	ow, no assignee of this form is NOI	ista will app	car on the patent. If an assign for filing so makingtonent.	one is identified below, the d	perment has been filed for
(A) NAME OF ASSIGN				E: (CITY and STATE OR CO		•
Pharmacia	Corporation		St.	Louis, MO		
Please chock the appropriate	sassignos category er categori	es (will not be pri	need on the p	atom): 🔲 Individual 🞾 C	orporation or other private gro	up entity Government
ia. The following fee(s) are			Payment of			
Listuc Fee			O A check i	in the amount of the fee(s) is ex	sclosed.	•
Publication Fee (No small entiry discount permitted)						
Advance Order - # of Copies Deposit Account Number 23-043						eredit any overpayment, to
. Change in Entity Status	(from status indicated above)					.,
🔾 a. Applicant claims S7	MALL ENTITY status. See 37			ant is no longer claiming SMA		
The Director of the USPTO in NOTE: The Issue Fee and Punterest as shown by the reco	is requested to apply the Issue splicetion Fee (if required) wi ands of the United States Paten	Fee and Publicati I not be accepted t and Trademark (on Fee (if an from anyone Office	y) or to re-apply any previousl other than the applicant; a regi	y paid issue fee to the applicat attred atturney or agent; or the	ion identified above. c assignee or other party in
Authorized Signature	Ranger !	2	, _ _	Date 8	139/05	_

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandra, Virginia 22313-1450. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandra, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

Karen B.

OMB 0651-0033 U.S. Parent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Registration No.

41,898

08/30/2005 TBESHAH2 00000005 230455

1400.00